

County: Sheboygan
MORNINGSIDE HEALTH CENTER
3431 NORTH 13TH STREET
SHEBOYGAN 53083

Phone: (920) 457-5046

Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/03): 71
Total Licensed Bed Capacity (12/31/03): 72
Number of Residents on 12/31/03: 71

Ownership:
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 69

| Services Provided to Non-Residents | | Age, Gender, and Primary Diagnosis of Residents (12/31/03) | | | | Length of Stay (12/31/03) | | % |
|------------------------------------|----|--|-------|------------|-------|---------------------------------|--|------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | | 25.4 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | | 35.2 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 0.0 | Under 65 | 1.4 | More Than 4 Years | | 14.1 |
| Day Services | No | Mental Illness (Org./Psy) | 11.3 | 65 - 74 | 1.4 | | | ---- |
| Respite Care | No | Mental Illness (Other) | 2.8 | 75 - 84 | 31.0 | | | 74.6 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 59.2 | ***** | | |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 0.0 | 95 & Over | 7.0 | Full-Time Equivalent | | |
| Congregate Meals | No | Cancer | 2.8 | | ---- | Nursing Staff per 100 Residents | | |
| Home Delivered Meals | No | Fractures | 16.9 | | 100.0 | (12/31/03) | | |
| Other Meals | No | Cardiovascular | 16.9 | 65 & Over | 98.6 | ----- | | |
| Transportation | No | Cerebrovascular | 12.7 | | ----- | RNs | | 11.1 |
| Referral Service | No | Diabetes | 5.6 | Gender | % | LPNs | | 3.4 |
| Other Services | No | Respiratory | 7.0 | | ----- | Nursing Assistants, | | |
| Provide Day Programming for | | Other Medical Conditions | 23.9 | Male | 28.2 | Aides, & Orderlies | | |
| Mentally Ill | No | | ---- | Female | 71.8 | | | |
| Provide Day Programming for | | | 100.0 | | ----- | | | |
| Developmentally Disabled | No | | | | 100.0 | | | |

Method of Reimbursement

| | | Medicare (Title 18) | | Medicaid (Title 19) | | Other | | Private Pay | | Family Care | | Managed Care | | | | | | Total Resi- dents | % Of All |
|----------------------|-----|------------------------|---------------------|------------------------|-------|---------------------|-----|----------------|---------------------|----------------|-------|---------------------|-----|-----|---------------------|-----|-----|-------------------------|----------------|
| Level of Care | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | | |
| Int. Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Skilled Care | 13 | 100.0 | 292 | 36 | 100.0 | 120 | 2 | 100.0 | 142 | 20 | 100.0 | 173 | 0 | 0.0 | 0 | 0 | 0.0 | 71 | 100.0 |
| Intermediate | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Limited Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Personal Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Residential Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Dev. Disabled | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Ventilator-Dependent | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Total | 13 | 100.0 | | 36 | 100.0 | | 2 | 100.0 | | 20 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | 71 | 100.0 |

| ***** | | | | | | |
|--|------|--|-------------|--------------------------------------|-----------|-----------------|
| Admissions, Discharges, and Deaths During Reporting Period | | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03 | | | | |
| | | ----- | | | ----- | |
| Percent Admissions from: | | Activities of | % | % Needing Assistance of | % Totally | Total Number of |
| Private Home/No Home Health | 16.3 | Daily Living (ADL) | Independent | One Or Two Staff | Dependent | Residents |
| Private Home/With Home Health | 0.0 | Bathing | 7.0 | 70.4 | 22.5 | 71 |
| Other Nursing Homes | 0.0 | Dressing | 11.3 | 66.2 | 22.5 | 71 |
| Acute Care Hospitals | 73.9 | Transferring | 22.5 | 57.7 | 19.7 | 71 |
| Psych. Hosp.-MR/DD Facilities | 0.0 | Toilet Use | 19.7 | 54.9 | 25.4 | 71 |
| Rehabilitation Hospitals | 0.0 | Eating | 62.0 | 33.8 | 4.2 | 71 |
| Other Locations | 9.8 | ***** | | | | |
| Total Number of Admissions | 92 | Continence | % | Special Treatments | % | |
| Percent Discharges To: | | Indwelling Or External Catheter | 1.4 | Receiving Respiratory Care | | 14.1 |
| Private Home/No Home Health | 24.2 | Occ/Freq. Incontinent of Bladder | 60.6 | Receiving Tracheostomy Care | | 0.0 |
| Private Home/With Home Health | 2.2 | Occ/Freq. Incontinent of Bowel | 15.5 | Receiving Suctioning | | 0.0 |
| Other Nursing Homes | 9.9 | | | Receiving Ostomy Care | | 4.2 |
| Acute Care Hospitals | 8.8 | Mobility | | Receiving Tube Feeding | | 4.2 |
| Psych. Hosp.-MR/DD Facilities | 0.0 | Physically Restrained | 1.4 | Receiving Mechanically Altered Diets | | 31.0 |
| Rehabilitation Hospitals | 0.0 | | | | | |
| Other Locations | 5.5 | Skin Care | | Other Resident Characteristics | | |
| Deaths | 49.5 | With Pressure Sores | 7.0 | Have Advance Directives | | 88.7 |
| Total Number of Discharges | | With Rashes | 0.0 | Medications | | |
| (Including Deaths) | 91 | | | Receiving Psychoactive Drugs | | 62.0 |

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

| ***** | | | | | | | | | |
|--|-----------------|-------------------------------------|-------|------------------------------|-------|---------------------------------|-------|------------------|-------|
| | This Facility % | Ownership: Proprietary Peer Group % | Ratio | Bed Size: 50-99 Peer Group % | Ratio | Licensure: Skilled Peer Group % | Ratio | All Facilities % | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 95.8 | 86.2 | 1.11 | 87.1 | 1.10 | 88.1 | 1.09 | 87.4 | 1.10 |
| Current Residents from In-County | 91.5 | 78.5 | 1.17 | 81.0 | 1.13 | 82.1 | 1.11 | 76.7 | 1.19 |
| Admissions from In-County, Still Residing | 37.0 | 17.5 | 2.11 | 19.8 | 1.87 | 20.1 | 1.84 | 19.6 | 1.88 |
| Admissions/Average Daily Census | 133.3 | 195.4 | 0.68 | 158.0 | 0.84 | 155.7 | 0.86 | 141.3 | 0.94 |
| Discharges/Average Daily Census | 131.9 | 193.0 | 0.68 | 157.4 | 0.84 | 155.1 | 0.85 | 142.5 | 0.93 |
| Discharges To Private Residence/Average Daily Census | 34.8 | 87.0 | 0.40 | 74.2 | 0.47 | 68.7 | 0.51 | 61.6 | 0.56 |
| Residents Receiving Skilled Care | 100 | 94.4 | 1.06 | 94.6 | 1.06 | 94.0 | 1.06 | 88.1 | 1.14 |
| Residents Aged 65 and Older | 98.6 | 92.3 | 1.07 | 94.7 | 1.04 | 92.0 | 1.07 | 87.8 | 1.12 |
| Title 19 (Medicaid) Funded Residents | 50.7 | 60.6 | 0.84 | 57.2 | 0.89 | 61.7 | 0.82 | 65.9 | 0.77 |
| Private Pay Funded Residents | 28.2 | 20.9 | 1.35 | 28.5 | 0.99 | 23.7 | 1.19 | 21.0 | 1.34 |
| Developmentally Disabled Residents | 0.0 | 0.8 | 0.00 | 1.3 | 0.00 | 1.1 | 0.00 | 6.5 | 0.00 |
| Mentally Ill Residents | 14.1 | 28.7 | 0.49 | 33.8 | 0.42 | 35.8 | 0.39 | 33.6 | 0.42 |
| General Medical Service Residents | 23.9 | 24.5 | 0.98 | 21.6 | 1.11 | 23.1 | 1.03 | 20.6 | 1.17 |
| Impaired ADL (Mean) | 47.6 | 49.1 | 0.97 | 48.5 | 0.98 | 49.5 | 0.96 | 49.4 | 0.96 |
| Psychological Problems | 62.0 | 54.2 | 1.14 | 57.1 | 1.09 | 58.2 | 1.07 | 57.4 | 1.08 |
| Nursing Care Required (Mean) | 7.6 | 6.8 | 1.12 | 6.7 | 1.13 | 6.9 | 1.10 | 7.3 | 1.03 |